



# County of Fluvanna

## OFFICE OF THE COMMISSIONER OF THE REVENUE

Lauren R. Sheridan, Commissioner

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## **CHANGE OF ADDRESS FORM**

For: \_\_\_\_\_ Real Estate (Land) \_\_\_\_\_ Personal Property (Vehicles)

If Real Estate, please provide the map number(s): \_\_\_\_\_

\_\_\_\_\_

Name on Property: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_